PART B - FEE(S) TRANSMITTAL

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				[(Depositor's I	name)	
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APPLICATION NO.	ON NO. FILING DATE			FIRST NAMED INVENTOR			ATTORNEY DOCKET NO. CONFIRMATIO				D.	
10/045,156 01/15/2002				Yosato Hitaka		03500.016097. 8866						
FITLE OF INVENTION AND METHOD, MEMO										SYSTEM		
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EXAMINER ART UN			ART UNIT	CLASS-SUBCLASS	\neg							
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. Change of correspondence address or indication of "Fee Address" (37 FR 1.563). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				(I) the names of up or agents OR, altern	printing on the patent front page, list names of up to 3 registered patent attorneys us OR, alternatively, name of a single fum (having as a member a 2 Harper & Scinto							
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(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)												
CANON KA	То	ky	o, Japan									
Please check the appropri	ate assignee category or	catego	ries (will not be p	rinted on the patent):	O I	Individual 🖫 Co	rporati	on or o	ther private gro	up entity Govern	ment	
a. The following fee(s) are submitted: \[\text{\text{\$\text{\$\text{\$\text{\$Z\$}}\ Publication Fee (\$\text{\$\tex{\$\text{\$\text{\$\text{\$\text{\$\text{\$\texitt{\$\text{\$\text{\$\tex{				th, Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit eard. Form PTO-2038 is attached. The Director is hereby authorized to charge, the required, fee(s), any deficiency, or credit any overspayment, to Deposit Account Number 5 D = 39.39. (enclose on extra copy of this form).								
	us (from status indicate			b. Applicant is no								
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